



The Commonwealth of Massachusetts
Office of the Comptroller
One Ashburton Place, Room 901
Boston, Massachusetts 02108

STATE TAX REFUND REQUEST FORM

Please complete, sign and submit this form to request a State tax refund from the Office of the Comptroller. Departments must submit one State Tax Refund Request form for every tax year the employee is due a refund. Please keep a copy of this form in the employee's personnel file at your department's payroll office for auditing purposes.

Employee Name: _____ Employee ID #: _____
(Print Employee's Name) (Print Employee's ID)

Employee SSN: _____ Department: _____
(Print Employee's Social Security Number) (Print 3-letter Department code)

Dept Contact Name: _____ Tel #: _____
(Print Name of Person filling out form and their telephone number)

State Tax Refund Request

Amount of State tax refund: \$ _____

If refund is for the current tax year, check this box and indicate the tax year in the space provided below:

Current Tax Year ☐ For Tax Year: _____

Departments must include a screen print of the employee's tax year-to-date balance with each current tax year request. The year-to-date tax balance can be found in the HR/CMS Tax Balance panel under state MA, tax class Withholding (Navigation: Go/Compensate Employees/Maintain Payroll Data/Inquire/Tax Balances).

If refund is for a prior tax year, check this box and indicate the tax year in the space provided below:

Prior Tax Year ☐ For Tax Year: _____

Departments must include completed Forms W-2C and W-3C with each prior tax year request.

Instructions for filing W-2Cs and W-3Cs can be found in the Comptroller's website:

<http://www.mass.gov/osc>

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Reason for Refund:

(Please indicate the reason why the State tax refund is being requested)

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Signatures:

The undersigned agree that a State tax refund is owed to the employee for the tax year and amount indicated on this form.

The Employee, under penalties of perjury, certifies that he/she has not and will not claim a refund or credit for the overpaid State taxes on their personal income taxes for the tax year indicated on this form.

The Department Payroll Director, under penalties of perjury, certifies that the amount of the refund is true and accurate and employee is indeed entitled to this refund.

Employee Signature: _____ Date: _____

Department
Payroll Director Signature: _____ Date: _____

Please submit completed form and required documentation to:

Office of the Comptroller

Payroll Unit
1 Ashburton Place, 9th floor
Boston, MA 02108
ATT: Maureen Keating

If you have any questions please contact Maureen Keating at 617-973-2308 or by email:
Maureen.Keating@osc.state.ma.us